

**UNITED STATES DISTRICT COURT
DISTRICT OF MASSACHUSETTS**

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UNITED STATES DISTRICT COURT
DISTRICT OF MASSACHUSETTS

FILED
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2007 JUN 19 A 11:53

No. 04-CR-10384-PBS

U.S. DISTRICT COURT
DISTRICT OF MASS.

UNITED STATES

v.

DANIEL KAMEN

**EX PARTE MOTION FOR PAYMENT OF
\$250.00 FOR SERVICES OF PSYCHOLOGIST**

Pursuant to the Criminal Justice Act, 18 U.S.C. § 3006A(e), the defendant Daniel Kamen moves the Court for an order permitting psychologist Carol J. Ball, Ph.D., to receive payment of a total of \$250.00 for the preparation of a report used to persuade the Court to modify the defendant's release conditions. In support of this motion, the defendant states:

The defendant filed a motion seeking a modification of the defendant's release conditions so that he could be outside the home without a family member between noon and 8 p.m., and so that he could travel with his mother to California and Washington state in late June and early July. The pretrial services officer expressed concern about the second part of the motion because the defendant has been on electronic monitoring and normally such individuals are not allowed to travel out of state. Counsel needed to obtain a report from Dr. Ball, who has treated the defendant for over two years, in order to convince pretrial services and the Court that this relief was appropriate. Dr. Ball prepared such a report, and Magistrate Judge Bowler allowed the motion and ordered that the defendant no longer be subject to

DOCKETED

109

electronic monitoring.

2. Because of the short time frame, counsel did not have time to seek advance approval for securing Dr. Ball's report at government expense.
3. Copies of Dr. Ball's bill, and a completed Form CJA 21, are attached.

Respectfully submitted,

DANIEL KAMEN

By his attorneys,



/s/ Charles W. Rankin

Charles W. Rankin, BBO No. 411780
Michelle Menken, BBO No. 644537
Rankin & Sultan
151 Merrimac Street
Boston, MA 02114
617-720-0011

CJA 21 AUTHORIZATION AND VOUCHER FOR EXPERT AND OTHER SERVICES (5-99)

1. CIR./DIST./ DIV. CODE	2. PERSON REPRESENTED <i>Daniel Kamen</i>		VOUCHER NUMBER																																																				
3. MAG. DKT/DEF NUMBER	4. DIST. DKT/DEF NUMBER <i>04-10384-PBS</i>	5. APPEALS DKT/DEF NUMBER	6. OTHER DKT. NUMBER																																																				
7. IN CASE/MATTER OF (Case Name) <i>US v Daniel Kamen</i>	8. PAYMENT CATEGORY <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> Appeal	9. TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other:	10. REPRESENTATION TYPE (See Instructions) <i>CC</i>																																																				
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) <i>If more than one offense, list (up to five) major offenses charged, according to severity of offense.</i> <i>18 USC 2252 - Receipt of Child Pornography</i>																																																							
REQUEST AND AUTHORIZATION FOR EXPERT SERVICES																																																							
12. ATTORNEY'S STATEMENT As the attorney for the person represented who is named above, I hereby affirm that the services requested are necessary for adequate representation. I hereby request: <input type="checkbox"/> Authorization to obtain the service. Estimated Compensation and Expenses: \$ _____ OR <input checked="" type="checkbox"/> Approval of services already obtained to be paid for by the United States pursuant to the Criminal Justice Act. (Note: Prior authorization should be obtained for services in excess of \$300, excluding expenses) Signature of Attorney <i>Ch. M.</i> Date <i>6-17-07</i>																																																							
ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS <i>Charles W. Rankin, RANKIN & SULTAN, 151 MERRIMAC ST, BOSTON 02114</i> Telephone Number: <i>617-720-0011</i>																																																							
13. DESCRIPTION OF AND JUSTIFICATION FOR SERVICES (See Instructions) <i>Prepare report of psychologist to modify release conditions</i>		14. TYPE OF SERVICE PROVIDER																																																					
15. COURT ORDER Financial eligibility of the person represented having been established to the Court's satisfaction, the authorization requested in Item 12 is hereby granted.		<table> <tr><td>01</td><td><input type="checkbox"/> Investigator</td><td>15</td><td><input type="checkbox"/> Other Medical</td></tr> <tr><td>02</td><td><input type="checkbox"/> Interpreter/Translator</td><td>16</td><td><input type="checkbox"/> Voice/Audio Analyst</td></tr> <tr><td>03</td><td><input checked="" type="checkbox"/> Psychologist</td><td>17</td><td><input type="checkbox"/> Hair/Fiber Expert</td></tr> <tr><td>04</td><td><input type="checkbox"/> Psychiatrist</td><td>18</td><td><input type="checkbox"/> Computer (Hardware/Software/Systems)</td></tr> <tr><td>05</td><td><input type="checkbox"/> Photograp</td><td>19</td><td><input type="checkbox"/> Paralegal Services</td></tr> <tr><td>06</td><td><input type="checkbox"/> Documents Examiner</td><td>20</td><td><input type="checkbox"/> Legal Analyst/Consultant</td></tr> <tr><td>07</td><td><input type="checkbox"/> Fingerprint Analyst</td><td>21</td><td><input type="checkbox"/> Jury Consultant</td></tr> <tr><td>08</td><td><input type="checkbox"/> Accountant</td><td>22</td><td><input type="checkbox"/> Mitigation Specialist</td></tr> <tr><td>09</td><td><input type="checkbox"/> CALR (Westlaw/Lexis, etc.)</td><td>23</td><td><input type="checkbox"/> Duplication Services (See Instructions)</td></tr> <tr><td>10</td><td><input type="checkbox"/> Chemist/Toxicologist</td><td>24</td><td><input type="checkbox"/> Other (Specify) _____</td></tr> <tr><td>11</td><td><input type="checkbox"/> Ballistics</td><td></td><td></td></tr> <tr><td>13</td><td><input type="checkbox"/> Weapons/Firearms/Explosive Expert</td><td></td><td></td></tr> <tr><td>14</td><td><input type="checkbox"/> Pathologist/Medical Examiner</td><td></td><td></td></tr> </table>		01	<input type="checkbox"/> Investigator	15	<input type="checkbox"/> Other Medical	02	<input type="checkbox"/> Interpreter/Translator	16	<input type="checkbox"/> Voice/Audio Analyst	03	<input checked="" type="checkbox"/> Psychologist	17	<input type="checkbox"/> Hair/Fiber Expert	04	<input type="checkbox"/> Psychiatrist	18	<input type="checkbox"/> Computer (Hardware/Software/Systems)	05	<input type="checkbox"/> Photograp	19	<input type="checkbox"/> Paralegal Services	06	<input type="checkbox"/> Documents Examiner	20	<input type="checkbox"/> Legal Analyst/Consultant	07	<input type="checkbox"/> Fingerprint Analyst	21	<input type="checkbox"/> Jury Consultant	08	<input type="checkbox"/> Accountant	22	<input type="checkbox"/> Mitigation Specialist	09	<input type="checkbox"/> CALR (Westlaw/Lexis, etc.)	23	<input type="checkbox"/> Duplication Services (See Instructions)	10	<input type="checkbox"/> Chemist/Toxicologist	24	<input type="checkbox"/> Other (Specify) _____	11	<input type="checkbox"/> Ballistics			13	<input type="checkbox"/> Weapons/Firearms/Explosive Expert			14	<input type="checkbox"/> Pathologist/Medical Examiner		
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16. SERVICES AND EXPENSES (Attach itemization of services with dates)		AMOUNT CLAIMED <i>\$2,50.00</i>	MATH/TECHNICAL ADJUSTED AMOUNT																																																				
a. Compensation			ADDITIONAL REVIEW																																																				
b. Travel Expenses (lodging, parking, meals, mileage, etc.)																																																							
c. Other Expenses																																																							
17. PAYEE'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS <i>Carol A. Bell, Ph.D., 22 Mill St, Arlington, MA 02476</i> TIN: <i>043128827</i> Telephone Number: <i>781-643-0610</i>																																																							
CLAIMANT'S CERTIFICATION FOR PERIOD OF SERVICE FROM <i>6/11/2007</i> TO <i>6/12/2007</i>																																																							
CLAIM STATUS <input checked="" type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____		<input type="checkbox"/> Supplemental Payment																																																					
I hereby certify that the above claim is for services rendered and is correct, and that I have not sought or received payment (compensation or anything of value) from any other source for these services.																																																							
Signature of Claimant/Payee <i>Carol A. Bell</i>		Date <i>6-13-2007</i>																																																					
18. CERTIFICATION OF ATTORNEY I hereby certify that the services were rendered for this case.																																																							
Signature of Attorney <i>Ch. M.</i>		Date <i>6-18-07</i>																																																					
19. TOTAL COMPENSATION	20. TRAVEL EXPENSES	21. OTHER EXPENSES	22. TOTAL AMOUNT APPROVED/CERTIFIED																																																				
23. <input type="checkbox"/> Either the cost (excluding expenses) of these services does not exceed \$300, or prior authorization was obtained. <input type="checkbox"/> Prior authorization was not obtained, but in the interest of justice the Court finds that timely procurement of these necessary services could not await prior authorization, even though the cost (excluding expenses) exceeds \$300.																																																							
Signature of Presiding Judicial Officer		Date	Judge/Mag. Judge Code																																																				
24. TOTAL COMPENSATION	25. TRAVEL EXPENSES	26. OTHER EXPENSES	27. TOTAL AMOUNT APPROVED																																																				
28. PAYMENT APPROVED IN EXCESS OF THE STATUTORY THRESHOLD UNDER 18 U.S.C. § 3006A(e)(3)																																																							
Signature of Chief Judge, Court of Appeals (or Delegate)		Date	Judge Code																																																				



NEW ENGLAND FORENSIC ASSOCIATES

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 Arlington, MA 02476-4744
 Tel: 781 643 0610
 Fax: 781 643 1609
 e-mail: NEFA@nefacorp.com

June 13, 2007

STATEMENT

For Services Rendered: DANIEL KAMEN

Service	Fee
Letter to Court by Carol J. Ball, Ph.D at request of Attorney Charles Rankin June 11, 2007	\$250.00

Co-Founders
 Carol J. Ball, Ph.D.
 Theoharis K. Seghorn, Ph.D.

Forensic Psychologist
 Barbara Schwartz, Ph.D.

Assistant Clinical Director
 Ruth Lewis, Ph.D.

Associates
 Joel T. Andrade, LICSW
 Carlos Davila, Ed.D.
 Nancy E. DiZio, LMHC
 Steven A. Hughes, Ed.D.
 Leo D. Keating, LICSW
 Joseph P. Stets, M.A.
 Denise M. Stack, M.A.

EMP. ID# 04-3128877